12663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred: 319 East Patrick St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 319 East Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war: NONE

3.(a) FULL NAME: Margaret Adella Angleberger

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, ~~married~~, widowed, or ~~divorced~~
Female	White	Widowed

6.(b) Name of husband or ~~wife~~: William D. Angleberger

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): July 30, 1881

8. AGE: Years	Months	Days	If less than one day
79 54	4	19	..... hrs. ..... min.

9. Birthplace: Thurmont, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER — 12. Name: Martin V. Miller

FATHER — 13. Birthplace: Thurmont, Maryland

MOTHER — 14. Maiden name: Catherine V. Benner

MOTHER — 15. Birthplace: Harpers Ferry, W. Virginia

16. Informant: Millard Angleberger

Address: Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal~~) Date thereof 12-20-40 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: C. E. Cline and Son

Address: Frederick, Maryland

19. 20-Dec 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 18th 1940 at 8a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1940 to Dec 18th 1940 and that I last saw h.. alive on Dec 17th 1940

	DURATION
Immediate cause of death: Cerebral Embolism	4 weeks
Due to: Chronic Myocarditis	5 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hedges M. D., or Other

Address: Frederick Md. Date signed: Dec 18th 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

46-76

12664

CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Brunswick Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Schaeffer Hospital
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 12 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Fred.
City or town: Brunswick Ward No. 2nd
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 39 East B St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME William T. S. Barton

3. (b) Social Security Number 705-09-3843

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Rose Ella Sogle
6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): 7 - 10 - 1889

8. AGE:

Years	Months	Days	If less than one day
51			hrs. min.

8. Birthplace: Maryland (town, county, and state)
10. Usual occupation: B & O R.R. Brakeman & Conductor
11. Industry or business:

FATHER
12. Name: Wilson T.S. Barton Sr.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Hanbook A. Thompson
15. Birthplace: Maryland.

16. Informant: Mrs Rose Barton
Address: Brunswick Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 29, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Frederick Md.

18. Funeral director: C. N. Zeis & Bro
Address: Brunswick Md.

19. Dec 28 1940 (Date rec'd by registrar) Wm H L Hobbs Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 26 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 20 1940, to Dec. 26 1940, and that I last saw him alive on Dec. 26 1940.

Immediate cause of death	DURATION
Carcinoma Liver	X
Due to	
Due to	
Other conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William T Swaggerty M. D. or other
Address: Brunswick, Md. Date signed 12/28/40

RECEIVED
JAN 3 1941
BUREAU V.S.

12665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 E)

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH;

County: Frederick

City or town: Rural, Mr Libertytown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Fred. co

City or town: Rural, Mr. Libertytown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Ida Baugher

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: John M. L. Baugher

8.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Jan. 27, 1871

8. AGE: Years 69 | Months 10 | Days 15 | If less than one day ... hrs. ... min.

9. Birthplace: Mr. Lewistown, Fred. co., Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Wm. Poole
13. Birthplace: Fred. co.

MOTHER
14. Maiden name: Sarah E. Lighter
15. Birthplace: Fred. co.

16. Informant: Mrs. Samuel Keeney

Address: Mr. Libertytown

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Dec. 14, 1940
(month) (day) (year)

Cemetery or ~~crematory~~: Lewistown Methodist

Location: Lewistown

18. Funeral director: G. C. Barton

Address: Walkersville

19. Dec 14 1940 N. D. Cerfuran
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 12 1940, at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1940, to Dec. 5 1940 and that I last saw her alive on Dec. 5 1940

Immediate cause of death: Carcinoma of stomach — DURATION: 5 Mos.

Due to

Due to

Other conditions: none

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: James T. Gray M.D.
M. D. or other

Address: Thurmont, Md — Date signed 12/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12666

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 3 mos. 13 days

Stay in this community (yrs., or mos., or days): 2 yrs. 3 mos. 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Highfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: William F. Beiswanger

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May, 14, 1865

8. AGE: Years	Months	Days	If less than one day
75	7	7	hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: Attorney

11. Industry or business

FATHER 12. Name: John Beiswanger

13. Birthplace: Germany

MOTHER 14. Maiden name: Sarah Ann Weber

15. Birthplace: Mississippi

16. Informant: William F. Beiswanger

Address: Highfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 23, 1940 (month) (day) (year)

Cemetery or crematory: Hollowtown Cemetery

Location: Baltimore Md.

18. Funeral director: Philip Henry & Sons

Address: 2624 Oliver St

19. 12/24/1940 19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 21, 1940, at 3.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 8, 1938, to Dec. 21, 1940, and that I last saw h im alive on December 20, 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	
Pulmonary tuberculosis	28 yrs
Due to	
Tubercle bacilli	
Due to	
Other conditions Tuberculous Enteritis	
Left hemiplegia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John E. Sadgasture, M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed 12/21/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12667

Reg. Diat. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 824 E. Patrick St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) one week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City or town~~ Rural N r. Mt. Airy, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Mt. Airy, Md. R.F.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Temma Grave Biser

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
female	white	married

6 (b) Name of husband ~~or wife~~ Harry L. Biser
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) April 21, 1884

8. AGE: Years	Months	Days	If less than one day
56	8	4	____ hrs. ____ min.

9. Birthplace Garfield, Fred., Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name Eli Wolfe,
13. Birthplace Wolfeville, Md.

MOTHER
14. Maiden name Mary Green,
15. Birthplace Wolfeville, Md.

16. Informant Mr. H. L. Biser
Address Mt. Airy, Md. R.FD.

17. burial Date thereof 12 / 28 / 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or ~~crematory~~ Reformed Cem.
Location Jefferson Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. 28-Dec 1940 Ira J. McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 th., 1940, at 2.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Dec 25 1940, and that I last saw her alive on Dec 25 th 1940

	DURATION
Immediate cause of death Coronary Occlusion	6 hours
Due to Arterio Sclerosis	10 Years
Due to Senile Debility	6 months
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank H. Hagen M. D. or other
Address Frederick, Md. Date signed 12/26/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

12668

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Jefferson St. (Struck by Auto on St.)
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 110 Catoctin Ave.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Worl War

3. (a) FULL NAME Harry Rueben Bishop

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband or~~ wife Altha Fox

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1893

8. AGE: Years	Months	Days	If less than one day
47	3	25	____ hrs. ____ min.

9. Birthplace Annarath, Fulton, Penna. (Town, county, and state)

10. Usual occupation Disabled Veteran, has not

11. Industry or business been able to work since War

FATHER
12. Name Lawrence Bishop,
13. Birthplace Fulton Co., Pa.

MOTHER
14. Maiden name Martha J. Hoopengardner
15. Birthplace Fulton, Co., Pa.

16. Informant Mrs. Altha F. Bishop,
Address 110 Catoctin Ave, Fredsrick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12 / 17 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ National Cemetery

Location Sharpsburg, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 17-Dec (Date rec'd by registrar) 1940 Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14th., 1940, 11.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Seen for first time at time of death 19__, and that I last saw h__ alive on Dec. 14, 1940 19__.

	DURATION
Immediate cause of death: Intra-cranial hemorrhage	15 min.
Due to: Comminuted fracture skull	15 min.
Due to:	
Other conditions: Fracture femur, right	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Dec. 14, 1940
Where did injury occur? Frederick (City or town) Frederick (County) Maryland (State)
Injured at home, farm, industry, public place (where?) Jefferson Street
Means of injury Struck by auto Injured at work? No

23. SIGNATURE Bernard Thomas Jr. M.D.
M. D. or other
Address Frederick, Md. Date signed 12/16/40

Deput 4 Medical Examiner Fred'k, Co.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

12669

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35yrs.

Hospital, institution, or street address where death occurred: 18 Franklin Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 18 Franklin Street
(If rural, give LOCATION)

2.(a) If veteran, name war: NONE

3.(a) FULL NAME: Mamie Abvergia Bohn

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6.(b) Name of husband or ~~wife~~: Harry W.M. Bohn

6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): April 8, 1886

8. AGE:

Years	Months	Days	If less than one day
54	8	19	..... hrs. ..... min.

9. Birthplace: Frederick County, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: William May
13. Birthplace: Frederick County, Maryland

MOTHER
14. Maiden name: Laura Ambrose
15. Birthplace: Frederick County, Maryland

16. Informant: Harry W.M. Bohn
Address: Frederick, Maryland

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: 12/30/40 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: C.E. Cline and Son
Address: Frederick, Maryland

19. 30-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/27/40 19..., at 11 P. M.

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from 12-27- 1940, to 12-27- 1940 and that I last saw her alive on 12-27-40 (2 PM) nine hours

Immediate cause of death: Cardiac Apoplexy

Due to: Arterio Sclerosis

Due to: Hypertention

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 1 yr or more; 2 yrs or more

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. G. Bourne Sr M. D. or other

Address: Frederick, Md Date signed: 12/28/40

Mr. H. G. Bonne &c.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1170)

12670

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ XXXXXXXXXXXXXX. Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 729 Motter Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Ira Rollins Bond

3. (b) Social Security Number 220-05-6406

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband~~ or wife Belva Stottlemyer
6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) April 4, 1888

8. AGE: Years	Months	Days	If less than one day
52	8	9	____ hrs. ____ min.

9. Birthplace Johnsville, Fred., Md. (Town, county, and state)
10. Usual occupation Plasterer
11. Industry or business

FATHER
12. Name Orra F. Bond
13. Birthplace Johnsville, Md.

MOTHER
14. Maiden name Mary E. Etzler
15. Birthplace Johnsville, Md.

16. Informant Mrs. Ira R. Bond,
Address 729 Motter Ave,, Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 / 26 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. 26- Dec 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23rd., 1940, at 11.50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1940, to Dec. 1940
and that I last saw h[illegible] alive on Dec. 23rd 1940

Immediate cause of death	DURATION
Uremia Acute Stomach Retention	—
Due to Stomach	2 days
Due to Ulcer of Stomach	3 months
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank H. Hesser M. D. or other
Address Frederick, Md. Date signed 12/24/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

12671

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? 4 mo. 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 368 W. Patrick

(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Nathaniel John Bowen

Nathaniel Bowen

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Widowed

6.(b) Name of husband or wife Freda Pick,

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 26. 1879

8. AGE: Years	Months	Days	If less than one day
61	3	16	..... hrs. ..... min.

9. Birthplace Balto., Balto. Maryland

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Operated Fish Market

FATHER 12. Name Wm. Bowen

13. Birthplace Balto. Md.

MOTHER 14. Maiden name Laura Herbrick

15. Birthplace Balto., Md.

16. Informant Miss Adele Berger Emergency

Address Hospital, Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/14/40 (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 12-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1940 at 4 55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1940, to Dec. 12 1940 and that I last saw h... alive on Dec. 12 1940

Immediate cause of death	DURATION
a. Chronic Myocarditis	6 months +
Due to, or as a consequence of:	
b. Chronic parenchymatous Nephritis	6 mos. +
Due to, or as a consequence of:	
c.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick, Md. Date signed Dec 12 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

12672

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 39 years
Hospital, institution, or street address where death occurred: 306 Madison St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 306 Meadison St.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME Mary Ellen Bowers

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife John W. Bowers

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 6th 1853

8. AGE:

Years	Months	Days	If less than one day
87	2	16	..... hrs. ..... min.

9. Birthplace Berkely Springs W. Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Joshua A. Barker
13. Birthplace W. Va.

MOTHER
14. Maiden name Margaret Evansole
15. Birthplace W. Va.

16. Informant Mrs. W. L. Ramsburg
Address Frederick Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24-1940 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Frederick Md.

18. Funeral director C. E. Chum & Son
Address Frederick Md.

19. 24 Dec 1940 (Date rec'd by registrar) Ira L. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to Dec. 22 1940
and that I last saw h alive on Dec. 21 1940

Immediate cause of death Cerebral Hemorrhage — DURATION 4 days

Due to Arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm M. Smith M D
M. D. or other

Address Frederick Md. Date signed Dec. 24-40

Mr. Hm. M. Smith

RECEIVED
JAN 6 1941
BUREAU V. S.

12673

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (200-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 111 East St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 111 East St.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Sarah Ann Bowie

3. (b) Social Security Number none

4. Sex female
5. Color or race colored
6. (a) Single, ~~married, widowed, or divorced~~ single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 2~~7~~5, 1940
8. AGE: Years 0 Months 7 Days 0 If less than one day hrs. min.
9. Birthplace Frederick, Frederick, Md. (Town, county, and state)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name Emory D. Bowie
13. Birthplace Bartonsville, Md.
MOTHER 14. Maiden name Bernatine Wars,
15. Birthplace Frederick, Md.
16. Informant Emory D. Bowie
Address 111 East St., Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12 / 29 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Bartonsville Colored
Location Bartonsville, Md.
18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.
19. 28-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27th., 1940, at 10A M

21. I CERTIFY that death occurred on the date above stated; ~~that~~ I attended deceased from Dec 24 1940, to Dec 24 1940, and that I last saw her alive on Dec 24 1940

Immediate cause of death Unknown (saw her once.)
Due to (Natural causes)
Due to Physician only saw child once, one week before death. He knows nothing about cause of death. C.W.B.
Other conditions No more obtainable.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. W. Boer M. D. or other
Address Frederick, Md. Date signed 12/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 2 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH to

2411 N. Charles St., Baltimore (8)

12674

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredk

City ~~or town~~ Frederick Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: City Hospital

Stay in hospital or inst. (yrs., or mos., or days) Still Born 4 mo

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

~~City~~ or town Gaithersburg. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR — None

3. (a) FULL NAME Baby Girl Bradley

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: 4 mo Foetus

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — December 20-1940

8. AGE: Years — 0 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace Fredk City Hospital - Frederick Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Wm Bradley

13. Birthplace Washington DC

MOTHER

14. Maiden name Virginia Mountgstar

15. Birthplace Montgomery Co Md.

16. Informant ~~Father~~ Wm W. Bradley

Address Gaithersburg Montgomery Co Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Dec-22-1940 (month) (day) (year)

Cemetery ~~or crematory~~ Gaithersburg Cem.

Location Gaithersburg Md.

18. Funeral director Ernest Gardner

Address Gaithersburg Md.

19. 21-Dec 1940 (Date rec'd by registrar) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Still Born December 20 1940, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still Born 4 mo foetus to — 19—, and that I last saw him ~~alive~~ dead on Dec 20 1940.

Immediate cause of death: Still Born 4 mo Foetus

Due to —

Due to —

Other conditions —

(Include pregnancy within 8 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE E P Thomas M. D. or other

Address Frederick Md Date signed Dec 21 '40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12675

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: ~~Frederick~~
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 day
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Montg
City or town: Dickerson Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: James Milton Burdette

3. (b) Social Security Number: ✓

4. Sex: M
5. Color or race: W
6. (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): April 27- 1936

8. AGE: Years: 4 Months: 7 Days: 25 If less than one day: hrs. min.

9. Birthplace: Dickerson Montg.Co.Md
(Town, county, and state)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: William Burdette
13. Birthplace: Md
MOTHER 14. Maiden name: Evelyn Stottlemyer
15. Birthplace: Md
16. Informant: William Burdette
Address: Dickerson, Md
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 12/24/40 (month) (day) (year)
Cemetery or ~~crematory~~: Neelsville Cem
Location: Neelsville, Md
18. Funeral director: William B. Hilton
Address: Barnesville, Md
19. 23-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 22 1940, at 5-45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1940, to Dec 21 1940, and that I last saw h~~is~~ alive on Dec 21 1940.

Immediate cause of death: Acute Glomerular Nephritis
Due to: Abscessed throat & probable Pneumonia.
Due to: Bronchial pneumonia. C.W.G.R. Duration: One week.
Other conditions: Preceded by a cold.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D. or other
Address: Adamstown Md Date signed: 12/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

12676

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

~~City or town~~: Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: County Home (Montevue)

Stay in hospital or inst. (yrs., or mos., or days): 3 yrs. 6 mos.

Stay in this community (yrs., or mos., or days): 40 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Frederick

~~City~~ or town: Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Alice Hagan Cady

3. (b) Social Security Number: No-

4. Sex	5. Color or race	6. (a) Single, married, widowed, or ~~divorced~~
Female	White	Widow

6 (b) Name of husband or ~~wife~~: Frank E. Cady (Dead)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 23, 1872

8. AGE:

Years	Months	Days	If less than one day
68	9	10	____ hrs. ____ min.

9. Birthplace: Providence R.I.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Gilbert Harris Hagan
13. Birthplace: Unknown

MOTHER
14. Maiden name: Sarah A. Carleton
15. Birthplace: Unknown

16. Informant: G. C. Inst. Supt. Montevue
Address: Montevue Frederick Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 4, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Cemetery (Blue Ridge)

Location: Thurmont, Md.

18. Funeral director: M. L. Creager & Son

Address: Thurmont, Md.

19. 3-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 3 1940, at 10 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1936, to Dec. 3 1940, and that I last saw h~~er~~ alive on Dec. 3 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	6 days
Due to: Cardiac Sclerosis	5 yrs. +
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: B. C. Thomas M. D. or other

Address: Thurmont Md. Date signed: 12/3/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (81-C)

CERTIFICATE OF DEATH

12677

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick

City or town Keymar (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Keymar (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John Edward Coleman

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1940

8. AGE:

Years	Months	Days	If less than one day
—	3	9	hrs. min.

9. Birthplace Keymar Frederick Co., Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Reno Coleman
13. Birthplace Frederick Co, Md.

MOTHER
14. Maiden name Hallie R. Bart
15. Birthplace Carroll Co, Md.

16. Informant Reno Coleman

Address Keymar, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30-40 (month) (day) (year)

Cemetery or crematory Lutheran

Location Uniontown, Md.

18. Funeral director D. D. Hartsock & Son

Address Union Bridge, Md.

19. Dec 29 1940 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27 1940, to Dec 28 1940 and that I last saw h[illegible] alive on Dec 28 1940

Immediate cause of death	DURATION
Uremia	
Due to Nephritis (Simple)	
Due to Not due to Meningococcus	
Due to Cerebral Hemorrhage	
Other conditions Contusion of the Face	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Martin M.D. M.D. or other

Address Johnsville, Md. Date signed Dec 28 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12678

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick

City or town Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) One yr., 11 days

Stay in this community (yrs., or mos., or days) One yr., 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1414 Decatur Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Walter Cywinski

3. (b) Social Security Number: 215 05 7388 None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1880

8. AGE: Years 60 Months 11 Days 20 If less than one day hrs. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Antone Cywinski
13. Birthplace Poland

MOTHER
14. Maiden name Antonie Brall
15. Birthplace Poland

16. Informant Walter Cywinski

Address Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24, 1940 (month) (day) (year)

Cemetery or crematory Holy Cross Cemetery

Location A Q Co Md.

18. Funeral director Mrs Cook Baltimore Md

Address

19. 12/21/1940 19 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH December 21, 1940, at 12.20

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10, 1939, to Dec. 21, 1940, and that I last saw him alive on Dec., 21, 1940.

Immediate cause of death: Pulmonary tuberculosis — DURATION: 16 mos.

Due to: Tubercle bacilli

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

DT operations: None

DT autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John E. Goodfeature, M.D. M. D. or other

Address State Sanatorium, Md. Date signed 12/21/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12679

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 26 DeGrange St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~Town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 26 DeGrange St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William Henry Dixon

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	colored	married

6 (b) Name of ~~husband~~ or wife Mary Lee

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) May 7, ~~1851~~ 1871

8. AGE: Years	Months	Days	If less than one day
69	6	14	____ hrs. ____ min.

9. Birthplace Nr. Jefferson, Fred., Md.

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Samuel Dixon,

13. Birthplace Jefferson, Md.

MOTHER 14. Maiden name Virginia Parker

15. Birthplace Jefferson, Md.

16. Informant Mrs. Wm. H. Dixon,

Address 26 DeGrange St., Fred., Md.

17. burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12 / 24 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Fairview Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 24- Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21st., 1940, at 11P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1940, to Dec 21 1940, and that I last saw him alive on Dec 20 1940.

Immediate cause of death Cerebral apoplexy — DURATION Several day

Due to Paraplegia — Several Yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U G Bourne M. D. or other

Address Frederick, Md. Date signed 12/23/4

RECEIVED
JAN 6 1941
BUREAU V. S.

12680

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick Co

City or town Brunswick Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred: 223 E Potomac St Brunswick

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

City or town Brunswick Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 223 E Potomac
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME David Montgomery Ewing

3.(b) Social Security Number 705-12-1617

4. Sex: male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Annie Mary Ewing

6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.): Jan 10th 1869

8. AGE: Years 71 | Months 11 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace: Broad Run Frederick Md
(Town, county, and state)

10. Usual occupation: Railroad Engineer

11. Industry or business: Balto + Ohio R.R.

FATHER
12. Name: Samuel J. Ewing
13. Birthplace: Richmond Va

MOTHER
14. Maiden name: Mary Elizabeth Fink
15. Birthplace: Broad Run Md

16. Informant: Ann V. Shilling
Address: 4831 Thirty sixth St Chevy Chase DC

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec 17 1940 (month) (day) (year)

Cemetery or crematory: Mt Olivet

Location: Frederick City Md

18. Funeral director: C H Fritz & Bro

Address: Brunswick Md

19. Dec 16 1940 Wm H S. Hedges
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14th 1940 at 11.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 24th 1938 to Dec 14th 1940 and that I last saw him alive on Dec 14th 1940

Immediate cause of death: Cerebral Hemorrhage

Due to: High Blood Pressure

Due to: age and work

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 1 yr 11 mo 10 days

Major findings of operations ✓

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? [redacted]

23. SIGNATURE: Joseph Ennis M.D. M. D. or other

Address: 85 W. Main St Waynesboro Pa Date signed Dec 14th/40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 3 1941
BUREAU V. S.

12681

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County: Fredrick

City or town: Rural near Emmitsburg Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 31 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Fredrick

City or town: Rural near Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Louisa Maria Fuss

3. (b) Social Security Number: none

4. Sex: Fm

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: William H. Fuss

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 2, 1853

8. AGE: Years: 87 Months: 6 Days: 8 If less than one day ____ hrs. ____ min.

9. Birthplace: Adams Co, Pa.
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER
12. Name: Emanuel Overholtzer
13. Birthplace: Adams Co, Pa.

MOTHER
14. Maiden name: Rebecca Baker
15. Birthplace: Adams Co, Pa.

16. Informant: Annie V Stonesifer
Address: Emmitsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 13, 1940 (month) (day) (year)

Cemetery or crematory: Mountain View

Location: Emmitsburg, Md.

18. Funeral director: S. L. Allison
Address: Emmitsburg, Md.

19. Dec 11 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 10, 1940, at 11:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939 to Dec 10 1940, and that I last saw her alive on Dec 9 1940

Immediate cause of death: arteriosclerotic cardio vascular disease - several years

Due to: Fractured hip due to accidental fall, in her home, while attempting to go from her

Due to: bed to commode. C.W.G.R.

Other conditions: Fracture ~~left~~ right hip — 2 weeks

Chronic cholecystitis c̄ cholelithiasis - several years
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): in her home.

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: W. R. Cash M D
M. D. or other

Address: Emmitsburg Md Date signed: 12-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

12682

Reg. Dist. No. 130

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME Mrs. India Ann Hammond

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6.(b) Name of husband or wife Charles H. Hammond

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 14, 1879

8. AGE: Years	Months	Days	If less than one day
61	7	18	..... hrs. ..... min.

9. Birthplace Point of Rocks, Fred., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Franklin A. Oden,
13. Birthplace Point of Rocks, Md.

MOTHER
14. Maiden name Martha Molden,
15. Birthplace Fred. Co., Md.

16. Informant Mrs. Clyde Shores,
Address Point of Rocks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 / 4 / 40 (month) (day) (year)
Cemetery or crematory St. Pauls Cemetery
Location Near Point of Rocks, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. Dec 3 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1940, at 2:40A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to Dec 1 1940
and that I last saw h...s alive on Dec 1 1940

	DURATION
Immediate cause of death Carcinoma of Lungs	6 mos.
Due to	
Carcinoma of breast	1yr
Due to	
Other conditions	
None	

(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op.
Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. King Shirley M.D.
M. D. or other
Address Edmonston Date signed Dec 4 40

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JAN 4 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12683

117-a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 508 N. Bentz
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Mattie Ellen Harding

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6.(a) ~~Single, married,~~ widowed, or ~~divorced~~: Widowed

6.(b) Name of husband or ~~wife~~: Albert May Harding

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 11 1871

8. AGE: Years 69 | Months 6 | Days 13 | If less than one day ..... hrs. ..... min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own home

FATHER
12. Name: John Schilling
13. Birthplace: Md.

MOTHER
14. Maiden name: Sarah Butler
15. Birthplace: Md.

16. Informant: Miss Adelsberger Emergency
Address: Hospital, Frederick Md

17. Burial (Burial, ~~cremation, or removal, Which?~~) Date thereof: Dec 28 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Flint Hill

Location: Mt Urbana Md.

18. Funeral director: H. M. Snyder

Address: Mt. Airy Md.

19. 28-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24 1940, at 7 40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to Dec. 24 1940 and that I last saw her alive on Dec 24 1940

Immediate cause of death: Acute Pen & Enteritis

Due to: Perforated Tuberculous (Gastric Ulcer)

Due to: .....

Other conditions: .....
(Include pregnancy within 3 months of death)

DURATION: .....

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: U E Bourne Jr Md
M. D. or other

Address: Frederick Md Date signed 12-27-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1548)

CERTIFICATE OF DEATH

12684

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Frederick Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 days

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

~~City or town~~ Adamstown Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Charles Hawes

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) ~~Single~~ married, ~~widowed, or divorced~~
male	white	married

6.(b) Name of ~~husband~~ or wife Rose Hawes

6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) June 9 1888

8. AGE: Years	Months	Days	If less than one day
52	5	22	...hrs. ...min.

9. Birthplace Loudoun County Va (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name George Hawes

13. Birthplace Loudoun County Va

MOTHER 14. Maiden name Sarah Woodward

15. Birthplace Loudoun County Va

16. Informant Miss Adelsberger Emergency Address Hospital, Frederick, Md

17. Burial (Burial, cremation, or removal, which?) Date thereof Dec 4-40 (month) (day) (year)

Cemetery or ~~crematory~~ Lovettsville

Location Lovettsville, Va

18. Funeral director William B. Hilton

Address Barnesville, Md

19. 2-Dec 1940 Dora J. McCurdy

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1940 at 8:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 24 1940 to Dec 1 1940

and that I last saw him alive on Dec 1 1940

Immediate cause of death	DURATION
Septicaemia	7 days
Due to Hemolytic streptococcus ability to	
Due to Blood stream infection	
Abscess in ankle joint	
Other conditions Right knee & leg	42 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick Md Date signed 12-4-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12685
139
Reg. Dist. No.

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 15 Days
Stay in this community (yrs., or mos., or days): 15 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 722 Allendale St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John A Kelly

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 11 1880

8. AGE: Years	Months	Days	If less than one day
60	7	15	hrs. min.

9. Birthplace: Baltimore. Md. (Town, county, and atate)
10. Usual occupation: Clerical
11. Industry or business

FATHER
12. Name: Terrance Kelly
13. Birthplace: Ireland

MOTHER
14. Maiden name: Anne McKittrick
15. Birthplace: Ireland

16. Informant: John A Kelly
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 30 1940 (month) (day) (year)
Cemetery or crematory: New Cathedral Cem
Location: Baltimore. Md.

18. Funeral director: Sam'l Mears
Address: Baltimore. Md.

19. Dec 30 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 26 19 40, at 12.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 19 40, to Dec 26 19 40, and that I last saw h im alive on Dec 25 19 40

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 12 Mos
Due to: Tubercle Bacilli
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: J. B. Lyon M. D. or other
Address: State Sanatorium Date signed 12/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 30 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12686

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 1 Yr 14 Days

Stay in this community (yrs., or mos., or days): 1 Yr 14 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2609 Ailsa Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Theresa M Kessler

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 14 1878

8. AGE: Years	Months	Days	If less than one day
62	0	22	hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: John Bopp
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Mary Abendschoen
15. Birthplace: York. Pa.

16. Informant: Theresa M Kessler
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 10 1940 (month) (day) (year)

Cemetery or crematory: Holy Cross Cem

Location: Anne Arundel Co Md.

18. Funeral director: Elmer W Conklin

Address: Baltimore Md.

19. 12/6/1940 19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A, M,

20. DATE OF DEATH: December 6 1940, at 10.00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 1939 to Dec 6 1940, and that I last saw her alive on Dec 6 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2Yrs

Due to: Tubercle Bacilli

Due to:

Other conditions: Chronic Myocarditis; Myocardial failure
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Hardcastle M.D. (M. D. or other)

Address: State Sanatorium Md. Date signed: 12/6/40

DEC 16 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (78)

12687

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred:

246 Dill Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 246 Dill Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Richard Stanley Keyser

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Mary Salters Keyser

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 27-1871

8. AGE: Years	Months	Days	If less than one day
69	7	7	...hrs. ...min.

9. Birthplace Frederick-County-Md. (Town, county, and state)

10. Usual occupation Proprietor — Steam Laundry

11. Industry or business Laundry

FATHER

12. Name Samuel Keyser

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden name Mary C. Railing

15. Birthplace Frederick, Maryland

16. Informant Mrs. Richard S. Keyser

Address Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/6/40 (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C.E. Cline and Son

Address Frederick, Maryland

19. 5-Dec 1940 Ira J. McSurdy Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 1940, to Dec. 4 1940

and that I last saw h alive on Dec 4 1940

Immediate cause of death	DURATION
Myocardial Insufficiency	3 mo.
Due to Arteriosclerosis	
Due to Hypertension	
Other conditions Emphysema Bronchitis	1 year

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Austin Deare M.D. M. D. or other

Address Frederick Md Date signed 12/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Mr. A. A. Pearne

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12688

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:
County Frederick
City or town New Market, Route 40
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2717 Orleans St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William King

3. (b) Social Security Number 212 18 1143

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1921

8. AGE: Years	Months	Days	If less than one day
19	3	6	hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Walter King,
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden name Catherine Napieralski,
15. Birthplace Baltimore, Maryland

16. Informant Walter King,
Address 2717 Orleans St., Balto, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 /31/ 40 (month) (day) (year)
Cemetery or crematory St Stanislaus Cemetery
Location Baltimore, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. Dec 29 1940 (Date rec'd by registrar) Lucian K Falconer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25th., 1940, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on Dec. 25, 1940.

Immediate cause of death Cerebral hemorrhage (Immediate) — DURATION
Fracture of Skull
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 12/25/40
Where did injury occur? New Market, Md. Route 40 (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) public place
Means of injury Auto accident Injured at work? no

23. SIGNATURE Per Bur M.D. or other
Deputy Medical Examiner
Address Frederick, Md. Date signed 12/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 7 1941
BUREAU V. S.

12689

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 5 days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

~~City or~~ town Hanga (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Wesley John Lewis

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: white

6.(a) Single, ~~married, widowed, or divorced~~: Single.

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) February 29 1884

8. AGE: Years 56 | Months 9 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace Fishing Creek - Md. (Town, county, and state)

10. Usual occupation Sailor

11. Industry or business Deep Sea

FATHER

12. Name Robert T. Lewis

13. Birthplace Fishing Creek - Md.

MOTHER

14. Maiden name Louisa T. Creighton

15. Birthplace Fishing Creek - Md.

16. Informant Miss Adela Arger Emergency

Address Hospital Frederick, Md

17. Burial (Burial, ~~cremation, or removal~~, which?) Date thereof 12/15/1940 (month) (day) (year)

Cemetery or ~~crematory~~ Montevue Cemetery

Location Near Frederick, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 15-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 8 1940 to Dec. 13 1940 and that I last saw him alive on Dec. 13 1940

Immediate cause of death Second degree burns, entire back, legs and lower abdomen

DURATION: 6 days ~~1 wk~~

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 12/8/40.

Where did injury occur? Mr. Brunswick (City or town) Fred. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Hobo Camp

Means of injury Rolled into a fire Injured at work? No

23. SIGNATURE Charles H. Conley Jr. M.D. (M.D. or other)

Asst. Dep. Medical Examiner

Address Buckeystown, Md Date signed 12/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

12690

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City~~ or town Braddock Heights

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City~~ or town Braddoxk Heights Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Rose Virginia Lewis

3. (b) Social Security Number none

4. Sex: female

5. Color or race: white

6. (a) ~~Single, married~~, widowed, ~~or divorced~~: widow

6 (b) Name of husband ~~or wife~~ Geo. J. B. Lewis

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 17, 1864

8. AGE: Years 76 | Months 8 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business at home

FATHER

12. Name Charles Tucker,

13. Birthplace Washington, D. C.

MOTHER

14. Maiden name Mary (Unknown)

15. Birthplace Washnington, D. C.

16. Informant Mr. Basil C. Lewis,

Address Braddock Heights, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12 / 21 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ St. Pauls Lutheran Cemetery

Location Jefferson, Md.

18. Funeral director M. R. Etchison & Son.

Address Frederick, Md.

19. 21-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19th., 1940, at 9.30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5th 1940, to Dec 19th 1940, and that I last saw her alive on Dec 19th 1940.

Immediate cause of death Cebreal Hemmorgh

Due to Arterio Selenium

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 14 Days 10 Years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Frank H. Hedge M. D. or other

Address Frederick, Md. Date signed 12/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12691

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2Yrs 6Days
Stay in this community (yrs., or mos., or days): 2Yrs 6Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Lidie

3. (b) Social Security Number: 212-14-7650

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
B (b) Name of husband or wife: Unknown
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): m June 12 1894

8. AGE: Years 46 | Months 5 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace: Thurmont. Fred.Co Md.
(Town, county, and state)
10. Usual occupation: Concrete-Mixer
11. Industry or business

FATHER
12. Name: Jasale Lidie.
13. Birthplace: Unknown

MOTHER
14. Maiden name: Evelyn Umber
15. Birthplace: Mercersville. Pa.

16. Informant: Charles Lidie
Address: Hagerstown. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 4 1940 (month) (day) (year)
Cemetery or crematory: U.B.Cem.
Location: Thurmont. Md.

18. Funeral director: M.L.Creager
Address: Thurmont. Md.

19. 12/2/1940 19 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2 1940, at 4.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 1938, to Dec 2 1940, and that I last saw him alive on Dec 1 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5Yrs
Due to: Tubercle Bacilli
Due to: Cardio Vascular Syphilis
Other conditions: Cardio Vascular Syphilis
Tuberculous Enteritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: John E. Goodpasture M.D. (M. D. or other)
Address: State Sanatorium, Md. Date signed 12/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12692

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 21 Days

Stay in this community (yrs., or mos., or days): 21 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 8100 Grove. St

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Seymour Alvin Link

3. (b) Social Security Number: 579-10-5370

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Augusta Link

6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): June 5 1894

8. AGE: Years: 46 Months: 6 Days: 8 If less than one day: ____ hrs. ____ min.

9. Birthplace: New York City, N.Y. (Town, county, and state)

10. Usual occupation: Filling-Station Attendant

11. Industry or business:

FATHER — 12. Name: Charles Link

13. Birthplace: New York, N.Y.

MOTHER — 14. Maiden name: Ray Berrick

15. Birthplace: New York N.Y.

16. Informant: Seymour Alvin Link

Address: Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 16 1940 (month) (day) (year)

Cemetery or crematory: Cypress Hill Cem.

Location: Long Island. N.Y.

18. Funeral director: M.L.Creager

Address: Thurmont Md.

19. 12/13/1940 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH: December 13 1940, 6.00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 22 1940, to Dec 13 1940, and that I last saw h im alive on Dec 13 1940

Immediate cause of death	DURATION
Tuberculous Meningitis	7 Mos
Pulmonary Tuberculosis	
Due to: Tubercle Bacilli	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture, M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed: 12/13/40

RECEIVED
DEC 30 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-D)

12693

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 908 Motter Ave.,

Stay in hospital or inst. (yrs., *or* mos., *or* days)

Stay in this community (yrs., *or* mos., *or* days) Two yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 908 Motter Ave.

(If rural give LOCATION)

2(*a*) IF VETERAN, NAME WAR none

3. (*a*) FULL NAME Samuel Isaiah Linton

3. (*b*) Social Security Number none

4. Sex	5. Color or race	6. (*a*) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (*b*) Name of ~~husband~~ or wife Mary Stone

6(*c*) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1864

8. AGE:

Years	Months	Days	If less than one day
76	10	8	____ hrs. ____ min.

9. Birthplace Yellow Springs, Fred., Md.

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Samuel Linton,

13. Birthplace Yellow Springs, Md.

MOTHER 14. Maiden name Elizabeth Snyder,

15. Birthplace Yellow Springs, Md.

16. Informant Mr. Raymond H. Linton,

Address 708 Motter Ave., Fred., Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12 / 24 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Brook Hill Cemetery

Location Yellow Springs, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 23-Dec 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22nd., 1940, at 10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1937, to Dec. 22 1940, and that I last saw h~~e~~im alive on Dec. 22 1940.

Immediate cause of death	DURATION
Carcinoma of Rectum	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D. M. D. or other

Address Frederick, Md. Date signed 12/23/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

12694

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Mt Pleasant
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Mt Pleasant (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME Lewis Francis Lechner

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife Mollie Rebecca Bunner
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 20th 1871

8. AGE: Years	Months	Days	If less than one day
69	6	3	..... hrs. ..... min.

9. Birthplace Frederick City Md.
(Town, county, and state)
10. Usual occupation Retired Merchant
11. Industry or business Produce Dealer
FATHER 12. Name George Casper Lechner
13. Birthplace Germany
MOTHER 14. Maiden name Annie Fastnaw
15. Birthplace Frederick Co Md
16. Informant Mrs. Beulah Delauter
Address Frederick Route 1
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26th 1940 (month) (day) (year)
Cemetery or crematory Union Chapel
Location Near Libertytown
16. Funeral director Powell & Albaugh
Address Libertytown Md

19. 24 Dec 1940 (Date rec'd by registrar) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1940 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 1940, to Dec 23 1940
and that I last saw h. alive on Dec 23 1940

Immediate cause of death	DURATION
Chr. Myocarditis	? 1
Due to Diabetes Mel.	? 1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. N. Legg M. D. or other
Address Union Bridge Date signed 12-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

12695

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Fredrick

City or town: Fredrick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 hours

Hospital, Institution, or street address where death occurred: Fredrick City Hospital

How long in hospital or institution? 48 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Fredrick

City or town: Rural near Emmitsburg Md. (If outside city or town limits, write RURAL and give nearest town)

Street No.: near Emmitsburg Md. (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Mr. Keefer Daniel Manahan

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec 24. 1923

8. AGE: Years 16 Months 11 Days 14 If less than one day ..... hrs. ..... min.

9. Birthplace: Washington Co. Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: [illegible]

FATHER
12. Name: John W Manahan
13. Birthplace: Fredrick Co Md.

MOTHER
14. Maiden name: Mrs. Viola Liebold Manahan
15. Birthplace: Fredrick Co Md

16. Informant: John W Manahan

Address: Thurmont Md. R.D.

17. Burial (Burial, cremation, or removal, which?) Date thereof: Dec 12, 1940 (month) (day) (year)

Cemetery or crematory: Pleasant Valley

Location: Pleasant Valley Md.

18. Funeral director: S. L. Allison

Address: Emmitsburg - Maryland

19. 10-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 8 1940, at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19..., to ..... 19.....

and that I last saw h..... alive on never 19.....

	DURATION
Immediate cause of death: Intestinal perforation & hemorrhage	2 days
Due to: Gun Shot wound of abdomen	2 days
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Seven perforations of small bowel Date of op. Dec. 6, 1940

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of Dec. 6, 1940.

Where did injury occur? Eyler's Valley (City or town) Frederick (County) Md. (State)

Injured at home, farm, industry, public place (where?) While deer hunting

Means of injury: Rifle Shot Injured at work? No

23. SIGNATURE: Charles H. Conley, Jr. M.D. Asst. Deputy Med. Examiner M.D. or other

Address: Buckeystown, Md. Date signed: 12/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

12696

Reg. Diat. No. 144

1. PLACE OF DEATH:

County: Frederick County

City or town: Thurmont, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:
Thurmont, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Thurmont, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Emma Sigmond Martin

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Rev. W. L. Martin

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May. 31 1852

8. AGE: Years	Months	Days	If less than one day
88	6	3	..... hrs. ..... min.

9. Birthplace: Thurmont, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Godliep Sigmond
13. Birthplace: Austria

MOTHER
14. Maiden name: Elizabeth Firor
15. Birthplace: Thurmont, Md.

16. Informant: Mary Martin Freeze
Address: Thurmont, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 7, 1940
(month) (day) (year)

Cemetery or crematory: U. B. Cemetery

Location: Thurmont, Md.

18. Funeral director: M. L. Creager & Son

Address: Thurmont, Md.

19. Dec. 6 1940
(Date rec'd by registrar)

Anna M. Jones
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 4" 1940, at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct-9" 1940, to Dec 4 1940

and that I last saw her alive on Dec 2 1940

Immediate cause of death	DURATION
Raynauds Disease	5 Days
Due to: Chronic Arterial Sclerosis	5 Yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury. Injured at work?

23. SIGNATURE: Morris D. Bixler M.D.
M. D. or other

Address: Thurmont Md. Date signed: 12/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12697

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 4Mos 7 Days

Stay in this community (yrs., or mos., or days): 4Mos 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2022 Wilkens Ave.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Paul L May

3. (b) Social Security Number: 217-01-8922

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary May

6(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): November 14 1894

8. AGE: Years	Months	Days	If less than one day
46	1	10	____ hrs. ____ min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business

FATHER 12. Name: Frank May

FATHER 13. Birthplace: Germany

MOTHER 14. Maiden name: Elizabeth Brumler

MOTHER 15. Birthplace: Germany

16. Informant: Paul L May

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 28 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem.

Location: Baltimore. Md.

18. Funeral director: F.B.Wippert

Address: Baltimore Md.

19. 12/28/1940 (Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

A, M.

20. DATE OF DEATH: December 24 1940, at 12.10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17 1940 to Dec. 24 1940, and that I last saw him alive on Dec 23 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1Yr

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Laryngitis
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): _____

Means of injury: _____ Injured at work?

23. SIGNATURE: G. B. Lyn, M.D. M. D. or other

Address: State Sanatorium Md. Date signed: 12/24/40

RECEIVED
JAN 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12698

Reg. Dist. No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Rural — Ijamsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural — Ijamsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Near Ijamsville
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Unnamed still born infant

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

8 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 21, 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	0 hrs. 0 min.

9. Birthplace: Near Ijamsville, Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Hobson Schley Muncaster
13. Birthplace: Frederick Co. Maryland

MOTHER
14. Maiden name: Mary Lenora Himsbury
15. Birthplace: Frederick Co. Maryland

16. Informant: Hobson S. Muncaster
Address: Ijamsville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 22-1940 (month) (day) (year)
Cemetery or crematory: Family burying ground
Location: Ijamsville Md

18. Funeral director: None
Address: None

19. Dec. 21 1940 (Date rec'd by registrar) Lucian K. Falconer, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 21, 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 21 1940, to Dec 21 1940,
and that I last saw h alive on 19

Immediate cause of death: Still born Infant — DURATION

Due to: 7 Months Pregnancy

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Ernest P. Roop, M.D. (M. D. or other)
Address: New Market, Md Date signed: Dec 21, 1940

RECEIVED
JAN 7 1941
BUREAU V. S.

12699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town near Brunswick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Frederick

City or town near Brunswick (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Roger Curtis Nichols

3.(b) Social Security Number

4. Sex male

5. Color or race white

6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Ada Vorhees

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1872

8. AGE: Years 68 Months — Days 28 If less than one day ..... hrs. ..... min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business

FATHER 12. Name Perry O Nichols

13. Birthplace Ohio

MOTHER 14. Maiden name Emma V. Elliott

15. Birthplace Maryland

16. Informant Mrs E. P. Omson

Address Brunswick Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 23 1940 (month) (day) (year)

Cemetery or crematory St. Pauls

Location Pt. of Rocks Md.

18. Funeral director C. H. Fite & Bro

Address Brunswick Md.

19. Dec 20 1940 Mrs H. S. Hedges (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1940, at 6 P.M.

21. I CERTIFY ~~that death occurred on the date above stated; that I attended deceased from~~ ..... 19 ..... to ..... 19 .....

and that I last saw him ~~alive~~ dead on Dec 20 1940

Immediate cause of death Coronary occlusion — DURATION immediate

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE R. W. Baer M. Dr. or other

Address Prof Bldg Frederick Md. Date signed 12-20-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

12700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 59 years

Hospital, Institution, or street address where death occurred: Frederick City Hospital

How long in hospital or institution? 1½ months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 40 East Patrick St
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Nellie May Obenderfer

3. (b) Social Security Number none

4. Sex female

5. Color or race white

6.(a) Single, ~~married, widowed, or divorced~~ single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan ? 1881

8. AGE: Years 59 Months 11 Days ? If less than one day ..... hrs. ..... min.

9. Birthplace Frederick, Frederick, Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Frederick W. Obenderfer
13. Birthplace Frederick, Md.

MOTHER
14. Maiden name Susan V. Getzendanner
15. Birthplace Frederick, Md.

16. Informant J. Wm Obenderfer
Address 40 E. Patrick St, Frederick Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12/8/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md

18. Funeral director Harry E. Carty Co

Address Frederick, Md.

19. 7-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1940, at 3 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1938, to Dec. 6 1940 and that I last saw her alive on Dec. 6 1940

Immediate cause of death Coronary Thrombosis — DURATION ½ hr.

Due to Chronic Nephritis hypertension

Due to Diabetes

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick, Md Date signed 12/7/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12701

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3 days
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Adamstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME George Philip Ranneberger

3. (b) Social Security Number 213 18 196 X none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
~~male~~ed	white	married

6 (b) Name of ~~husband or~~ wife Katie Stull

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1873

8. AGE: Years	Months	Days	If less than one day
67	2	21	____ hrs. ____ min.

9. Birthplace Nr. Adamstown, Fred., Md.
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business H. & F. R.R. Engineer

FATHER
12. Name Charles P. Ranneberger
13. Birthplace Nr. Adamstown, Md.

MOTHER
14. Maiden name Martha C. Knouff
15. Birthplace Nr. Adamstown, Md.

16. Informant Mr. Lee Ranneberger,
Address Adamstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 / 18 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 12-Dec 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15th., 1940, at 145P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 29 1940, to Dec. 15 1940, and that I last saw h im alive on December 15 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 17 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Charles H Conley Jr. M.D.
Address Buckeystown, Md. M.D., or other — Date signed 12/16/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

12702

CERTIFICATE OF DEATH

Reg. Diat. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 1½ Hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Fredericksburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: William LeRay Renner

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Male	White	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 19 1940

8. AGE:

Years	Months	Days	If less than one day
	2	9	..... hrs. ..... min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: John Renner
13. Birthplace: Md

MOTHER
14. Maiden name: Edna Carpenter
15. Birthplace: Md.

16. Informant: E. Adelsberger Emergency Hospital
Address: Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 30, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Glade Cemetery

Location: Walkersville, Md.

18. Funeral director: F. C. Barton

Address: Walkersville, Md.

19. 30-Dec 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28 1940, at 6 20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 28 1940, to Dec. 28 1940

and that I last saw him alive on Dec. 28 1940

Immediate cause of death	DURATION
Broncho-Pneumonia	3 days ?
Due to: Same as "a" Line	
Due to: Influenza	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: B. O. Thomas M. D. or other

Address: Thurmont, Md. Date signed: Dec 28-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

12703

Reg. Diat. No. 131

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, Institution, or ~~street address where death occurred~~:
Frederick City Hospital
How long in hospital or institution? 8 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 228 E. 5th ax.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME Daisy Okle Ripperon

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6.(b) Name of husband ~~or wife~~ Howard C. Ripperon 6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) May 15 - 1885

8. AGE: Years	Months	Days	If less than one day
55	7	6	..... hrs. ..... min.

9. Birthplace Loudoun Co. Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name James M. Painter
13. Birthplace Virginia
MOTHER 14. Maiden name Mary Roderick
15. Birthplace Virginia
16. Informant Howard C Ripperon
Address Va.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 24 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick Md.
18. Funeral director C. E. Glass & Son
Address Frederick Md.
19. 24 - Dec 1940 (Date rec'd by registrar) Ina J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940 at 1:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 21 1940 to Dec 21 1940
and that I last saw her alive on Dec. 21 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days.
Due to Bronchopneumonia	14 days.
Due to Hypertensive Cardio Vascular Disease	4
Due to	
Other conditions Obesity	

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Howard W. Cole M.D. M.D. or other
Address Frederick Md. Date signed 12/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12704

Reg. Dist. No. 132

1. PLACE OF DEATH:
County Frederick
City or town Middletown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs.
Hospital, Institution, or street address where death occurred:
Main St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME Daniel Grayson Sanner

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 5, 1875

8. AGE: Years	Months	Days	If less than one day
65	9	26	..... hrs. ..... min.

9. Birthplace Nr. Middletown, Frederick, Md.
(Town, county, and state)

10. Usual occupation Antique Funiture Dealer

11. Industry or business

FATHER
12. Name Daniel W. Sanner,
13. Birthplace Nr. Middletown, Md.

MOTHER
14. Maiden name Elmira V. Young
15. Birthplace Nr. Middletown, Md.

16. Informant Miss. Myrtle Kefauver,
Address Middletown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 1 / 3 / 41
(month) (day) (year)
Cemetery or crematory Lutheran Cemetery
Location Middletown, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. Jan 2 1941
(Date rec'd by registrar)
D J Sanner
Myrtle Kefauver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1940, at 1-55 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1931, to Dec 31 1940
and that I last saw h[illegible] alive on Dec 31 1940

Immediate cause of death	DURATION
Coronary Occlusion	20 min.
Due to	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Elmer Harp MD
M. D. or other
Address Middletown Date signed 12-31-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

12705

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 26 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City ~~or town~~ Rural - Germantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Germantown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Anna E Selby
3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, ~~or divorced~~ Widowed
6. (b) Name of husband ~~or wife~~ Wm. Brice Selby
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) January 17 - 1868
8. AGE: Years 72 Months 10 Days 24 If less than one day ____ hrs. ____ min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation House wife
11. Industry or business Own home
FATHER 12. Name Simon P. Hamel
13. Birthplace Unknown
MOTHER 14. Maiden name Ella V. Emerson
15. Birthplace Unknown
16. Informant Mrs. Pearl King (daughter)
Address Germantown Md
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof December 14/1940 (month) (day) (year)
Cemetery or ~~crematory~~ Presbyterian Church Cem
Location Darnestown Maryland
18. Funeral director Wm. Reuben Pumphrey
Address Rockville - Maryland
19. 12-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1940, at 8 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1940, to Dec. 11 1940, and that I last saw her alive on Dec. 11 1940.
Immediate cause of death Diabetes mellitus — DURATION 7 months
Due to
Due to
Other conditions Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations x
Of autopsy x

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE A. A. Pearre, M.D. M. D. or other
Address Frederick, Md Date signed Dec. 11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (1) (4)

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12706

CERTIFICATE OF DEATH

Reg. Dist. No. 14 4

1. PLACE OF DEATH:
County Frederick
City or town Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME Carrie Marie Sharrer

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Newton O. Sharrer
6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 17 1887

8. AGE: Years 53 | Months 9 | Days 6 | If less than one day ... hrs. ... min.

9. Birthplace Taneytown Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Albert Elabaugh
13. Birthplace Taneytown Md

MOTHER
14. Maiden name Margaret Hunter
15. Birthplace Taneytown Md

16. Informant Newton O Sharrer
Address Rocky Ridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26/40 (month) (day) (year)
Cemetery or crematory Mt Tabor Cem
Location Rocky Ridge Md

18. Funeral director M. L. Creager
Address Thurmont Md

19. Dec 25 1940 Anna M. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1940 at 10:35 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 23 1940, to Dec. 23 1940
and that I last saw her alive on Dec. 23 1940

Immediate cause of death	DURATION
Coronary Embolism	1/2 hr.
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James T. Gray M.D.
M. D. or other
Address Thurmont Md. Date signed 12/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-L)

12707

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days): 9 days

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 319 Jefferson Street

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: Myrtlen Robert Sheets

3. (b) Social Security Number: 217 - 10 - 9225

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Pauline E. Davis

6(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): July 5, 1883

8. AGE: Years	Months	Days	If less than one day
57	5	21	____ hrs. ____ min.

9. Birthplace: Nr. Mt. Airy, Md. (Town, county, and state)

10. Usual occupation: President Of Md. Transportation Co.

11. Industry or business:

FATHER 12. Name: George Sheets

13. Birthplace: Mt. Airy, Md.

MOTHER 14. Maiden name: Ellen Cavell

15. Birthplace: Mt. Airy, Md.

16. Informant: Mrs. Myrtlen R. Sheets

Address: 319 Jefferson St., Fred., Md.

17. ~~Burial~~, (Burial, cremation, or removal; which?) Date thereof: Dec. 28, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet Cemetery

Location: Frederick, Md.

18. Funeral director: M. P. Atchison & Son

Address: Frederick, Md.

19. 28 - Dec 1940 (Date rec'd by registrar) Dra J. McSindy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 26 1940, at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1940, to Dec 26 1940, and that I last saw h~~im~~ alive on Dec 26 1940.

Immediate cause of death	DURATION
Myocardial decompensation & Pulmonary Edema	12/26/40
Due to Uremia	12/19/40
Due to Chronic nephritis	1938
Other conditions: Hypertrophy of Prostate (Include pregnancy within 3 months of death)	1939

Major findings:

Of operations: Transurethral resection of Prostate

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. Talbot Price M. D. or other

Address: Jefferson Md Date signed 12/26/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12708

Reg. Dist. No. 130

1. PLACE OF DEATH:

County Frederick

City or town rural Nr. Point of Rocks , Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural Nr. Point of Rocks. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Point of Rocks, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Lewis Edward Shellman

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mary E. Summers

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1857

8. AGE: Years	Months	Days	If less than one day
82	11	14	____ hrs. ____ min.

9. Birthplace Nr. Adamstown, Fred., Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business General farming

FATHER 12. Name Daniel Shellman,

13. Birthplace Fred. Co., Md.

MOTHER 14. Maiden name Caroline Zimmerman,

15. Birthplace Fred. Co., Md.

16. Informant Mrs. L. E. Shellman,

Address Point of Rocks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 / 10 / 40 (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. Dec 10 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at ____M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1940, to Dec 6 1940, and that I last saw him alive on Dec 6 1940

Immediate cause of death	DURATION
Hypostatic congestion of Lungs.	
Due to	
Due to Senility.	
Other conditions	
None.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. Ring Shirley M.D. M. D. or other

Address Adamstown Date signed Dec 7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-L)

CERTIFICATE OF DEATH

12709

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1/2 day

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

~~City~~ or town: Uniontown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Annie E. Shoemaker

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widow

6 (b) Name of husband ~~or wife~~: George A. Shoemaker

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 8, 1871

8. AGE: Years	Months	Days	If less than one day
69	8	4	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Charles Haines
13. Birthplace: Maryland

MOTHER
14. Maiden name: Frances Stein
15. Birthplace: Maryland

16. Informant: Theodore Haines

Address: Uniontown, Maryland

17. Burial (Burial, ~~cremation~~, or removal. Which?) Methodist Cemetery Date thereof December 14, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Methodist Cemetery

Location: Uniontown, Maryland

18. Funeral director: C. A. Fuss and Son

Address: Taneytown, Maryland

19. 14 Dec 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 12 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 1940, to Dec 12 1940, and that I last saw h-er alive on Dec 12 1940.

Immediate cause of death	DURATION
Intestinal obstruction	
Acute Myocarditis	12 hrs
Due to	
Cause of the intestinal obstruction: Unknown.	
Due to	
Other conditions: Patient was moribund, and died a few minutes after arrival at the hospital.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No autopsy was done.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work?

23. SIGNATURE: E. P. Thomas M. D. or other

Address: Frederick Md. Date signed: Dec 13 '40

RECEIVED
JAN 6 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12710

1. PLACE OF DEATH (61)

County Frederick County Registration Dist. No. 144

Village or City Catoctin Furnace No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elizabeth Shuff If U. S. Veteran, specify WAR

(a) Residence: No. Catoctin Furnace St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Thomas Shuff

6. DATE OF BIRTH (month, day, and year) March 28, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Dec. 6, 1940

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Catoctin Furnace
(State or country) Frederick Co. Maryland

FATHER

13. NAME Frank Waddle

14. BIRTHPLACE (city or town) Frederick County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Elizabeth Stitely

16. BIRTHPLACE (city or town) Frederick County
(State or country) Maryland

17. INFORMANT William Thomas Shuff
(Address) Catoctin Furnace

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Lewistown Date Dec. 9, 1940

19. UNDERTAKER M. L. Creager & Son
(Address) Thurmont, Md.

20. FILED Dec. 9, 1940 Anna M. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 6, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1940, to Dec 6th, 1940
I last saw h[illegible] alive on Dec 6th, 1940; death is said to have occurred on the date stated above, at 6.30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Natural Cause	
Sudden death	
Other Contributory Causes of importance:	
Chronic Endocarditis	10 yrs
Diabetes Mellitus	5 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Morris A. Buick M. D.

(Address) Thurmont Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 3 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12711

Reg. Dist. No. 132

1. PLACE OF DEATH:
County Frederick
City or town rural Nr. Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Middletown R.F.D.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town rural Nr. Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Middletown, Md. R.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Mary Catherine Slemmer

3. (b) Social Security Number none

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow

B (b) Name of husband or wife Hoawrd W. Slemmer
6(c) If alive, give age ____ years

T. Birth date of deceased (mo., day, yr.) Jan. 1, 1856

8. AGE: Years 84 | Months 11 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace Martinsburg, W. Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin C. Hann,
13. Birthplace Nr. Taneytown, Md.

MOTHER
14. Maiden name Mary C. Plum,
15. Birthplace Nr. Taneytown, Md.

16. Informant Mr. Wm. R. Slemmer,
Address Frederick, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof 12 / 26 / 40 (month) (day) (year)
Cemetery or crematory Reformed Cemetery
Location Taneytown, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. Dec. 26, 1940. D. G. Sanner. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24th., 1940, at 1.05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 24th 1940, to Dec 24th 1940, and that I last saw her alive on Dec 24th 1940.

Immediate cause of death: Cerebral Hemorrhage
Due to
Due to Arterio Schlerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: 3 hours 15 years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Frank H. Hedger M. D. or other
Address Frederick, Md. Date signed 12/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

12712

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County: Frederick

City or town: Thurmont Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life in Community

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Thurmont Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Conrad Smith

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Annie Geisbert Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 8th 1863

8. AGE: Years 77 | Months 10 | Days 25 | If less than one day ..... hrs. ..... min.

9. Birthplace: Frederick Co Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Henry A Smith
13. Birthplace: Germany

MOTHER
14. Maiden name: Mariah Hart
15. Birthplace: Fredk Co Md

16. Informant: Mrs Edna Saylor
Address: Rocky Ridge Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec-6-1940
(month) (day) (year)

Cemetery ~~or crematory~~: Burial U B Cemetery

Location: Thurmont Md

18. Funeral director: Willhide & Creeger
Address: Thurmont Md

19. Dec. 3 1940 Anna M. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3d 1940 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1st 1940, to Dec 2d 1940 and that I last saw him alive on Dec 2d 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	1 hr
Due to Chronic endocarditis	5 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Morris A. Birely M.D.
M.D. or other

Address: Thurmont Md Date signed 12/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

12713

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(if outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 ½ hrs.
Stay in this community (yrs., or mos., or days): 50yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City~~ or town: Adamstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Lillie Alice Smith

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	white	married

6 (b) Name of husband or ~~wife~~: George C. Smith
6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): August 23, 1874

8. AGE:	Years	Months	Days	If less than one day
	66	3	10	____ hrs. ____ min.

9. Birthplace: Creagerstown, Fred., Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At home
FATHER 12. Name: Clinton R. Grimes,
13. Birthplace: Creagerstown, Md.
MOTHER 14. Maiden name: Mary M. Ramsburg,
15. Birthplace: Creagerstown, Md.
16. Informant: Mr. George C. Smith,
Address: Adamstown, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~): Date thereof 12 / 6 / 40 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. Olivet Cemetery
Location: Frederick, Md.
18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Md.
19. 5-Dec 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 3rd., 1940, at 1.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1940, to Dec 3 1940, and that I last saw her alive on Dec 3 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 hrs
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: E P Thomas M. D. or other
Address: Frederick, Md. Date signed: 12/4/40

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JAN 6 1941
BUREAU V. S.

12714

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Rural- near Frederick Junction
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 716 North Market Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME: Garry Justus Staley

3. (b) Social Security Number: 214-10-4843

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Catherine May HeffnerStaley
6.(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): February 29, 1908

8. AGE: Years	Months	Days	If less than one day
32	9	16	....hrs. ....min.

9. Birthplace: Charlesville, Maryland (Town, county, and stete)
10. Usual occupation: Salesman
11. Industry or business: Automobile
FATHER 12. Name: Marion J. Staley
13. Birthplace: Charlesville, Maryland
MOTHER 14. Maiden name: Corilla Keyser
15. Birthplace: Charlesville, Maryland
16. Informant: Stanley Staley
Address: Frederick, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 17-1940 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: C.E.Cline and Son
Address: Frederick, Maryland
19. 17-Dec 1940 (Date rec'd by registrar) Wm J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 15 1940, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Seen at time of death 19 to xx Dec. 15, 1940 19
and that I last saw h.....alive on 19

Immediate cause of death	DURATION
Intra-cranial hemorrhage	Time of death
Due to: Compound comminuted fracture skull	" "
Due to:	
Other conditions: Cmpd. fracture tibia & fibula, rt. Cmpd. fracture femur, left	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Accident Date of: Dec. 15, 1940
Where did injury occur? Frederick, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): U.S. Route #240
Means of injury: Struck by auto Injured at work? Yes

23. SIGNATURE: Bernard Thomas Jr. M.D.
M. D. or other
Address: Frederick, Md. Date signed: Dec. 16, '40
Deputy Medical Examiner Fred'k., Co.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Mr. B. A. Thomas, Jr.

RECEIVED
JAN 6 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

12715

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:
County Frederick
City or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Anna Mary Stitely

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married

6.(b) Name of ~~husband~~ or wife Edward L. Stitely
6.(c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) Feb. 15. 1876

8. AGE: Years	Months	Days	If less than one day
64	9	26	...hrs. ...min.

9. Birthplace Johnsville Md.
(Town, county, and state)
10. Usual occupation House wife
11. Industry or business Own home

FATHER
12. Name Lloyd Warfield
13. Birthplace Johnsville, Md.

MOTHER
14. Maiden name Mary E. Kinebrenner
15. Birthplace Woodsboro Md

16. Informant E. L. Stitely
Address Woodsboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 14 1940 (month) (day) (year)
Cemetery or crematory Rocky Hill
Location near Woodsboro, Md.
18. Funeral director Burrell & Albaugh
Address Woodsboro Md.

19. Dec 14 1940 L. C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to Dec 11 1940
and that I last saw her alive on Dec 11 1940

Immediate cause of death Hypertensive cardio vascular renal disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. L. Stitely M. D. or other
Address Woodsville, Md. Date signed Dec. 13, 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 15 1941
BUREAU V. &.

12716

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 54 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 277 W. Patrick St.
(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Charles Edward Stull

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6.(b) Name of ~~husband or~~ wife Bernice Watts

6.(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1886

8. AGE: Years	Months	Days	If less than one day
54	0	4	hrs. min.

9. Birthplace Frederick, Frederick, Md.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Gasoline & Tire business

FATHER
12. Name Daniel Z. Stull,
13. Birthplace Frederick, Md.

MOTHER
14. Maiden name Ida A. Lenhart,
15. Birthplace Nr. Utica, Md.

16. Informant Mrs. C. E. Stull,
Address 277 W. Patrick St., Frederick, Md.

17. burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12 / 27 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery,
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 26-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~

and that I last saw him ~~alive~~ dead on Dec 24 1940

Immediate cause of death Coronary occlusion — DURATION immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE R W Baer M. D. or other

Address Frederick, Md. Date signed 12.24.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

12717

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

~~City or town~~: near Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 months

Hospital, Institution, or street address where death occurred: Montrose Hospital

How long in hospital or institution? 10 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Frederick

~~City or town~~: Rural - Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Charles E. Strup

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, ~~married, widowed, or divorced~~: Single

6.(b) Name of husband or wife: ——

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 2 1859

8. AGE: Years: 81 Months: 0 Days: 7 If less than one day ..... hrs. ..... min.

9. Birthplace: Braddock Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Strup
13. Birthplace: Maryland (Frick Co)

MOTHER
14. Maiden name: Mary Shook
15. Birthplace: Shookstown Md.

16. Informant: G. C. Trout - Supt. Montrose
Address: Frederick Co. Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 12/13/40 (month) (day) (year)

Cemetery ~~or crematory~~: Mt. Olivet

Location: Frederick, Md.

18. Funeral director: C. E. Cline & Son
Address: Frederick Maryland

19. 13-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 9 1940, to Dec. 11 1940 and that I last saw him alive on Dec. 11 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: B. O. Thomas M. D. or other

Address: Frederick, Md Date signed: 12/12/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

12718

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: Frederick
County Frederick
City or Town Frederick, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 10days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: Frederick
(For newborn infants give residence of mother)
State Maryland
City or Town Rural Urbana #XX Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Frederick, Md. R.D. # 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME: John Calvin Lee Stup

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Minnie Kidd

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 3, 1868

8. AGE: Years	Months	Days	If less than one day
72 yrs.	8	24	hrs. min.

9. Birthplace Md. Urbana, Frederick, Md. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Emanuel D. Stup,
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden name Harriett Webster
15. Birthplace Frederick, Co., Md.

16. Informant Mrs. Minne Stup,
Address Frederick, Md. R. D. # 2

17. burial (Burial, cremation, or removal, which?) Date thereof 12/ 29 / 40 (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. 28-Dec 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1940, at 10¾ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10 1940, to Dec. 27 1940, and that I last saw h- im alive on Dec. 27 1940.

	DURATION
Immediate cause of death: Uremia	1 wk.
Due to Arteriosclerotic Cardio-vascular-renal Disease	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles H. Cooley Jr. M.D. M.D. or other
Address Buckeystown, Md Date signed 12/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-6

12719

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Near Jefferson Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Near Jefferson Rural, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME Mrs. Hattie Corum Sulcer

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6. (a) ~~Single, married, widowed, or divorced~~
Female	White	Widow

6 (b) Name of husband or ~~wife~~ Daniel H. Sulcer

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 25, 1871

8. AGE: Years	Months	Days	If less than one day
69	2	3	____ hrs. ____ min.

9. Birthplace Frederick Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name Charles W. Corum

13. Birthplace Frederick Co., Md.

MOTHER 14. Maiden name Sarah Darner

15. Birthplace Frederick Co., Md.

16. Informant Miss Blanche Sulcer

Address Near Jefferson, Md,

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Dec. 31, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Reformed Cemetery

Location Jefferson, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. 30 Dec 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940, at 3P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 16 1940, to Dec 28 1940, and that I last saw her alive on Dec 27 1940.

	DURATION
Immediate cause of death: Pulmonary Edema	2 Days
Myocardial Decompensation	
Due to Toxemia	2 Days
Due to Acute Tonsilitis & Pharyngitis & Bronchitis	3 Days
Other conditions Senility & Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Talbot Price M. D. or other

Address Jefferson Md Date signed 1/3/41

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (26-a)

12720

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Fredericks

City or town Frederick Rural (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life.

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 6 days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Rural (If outside city or town limits, write RURAL and give nearest town)

Street No. Braddock (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Samuel Summers

3. (b) Social Security Number 217-10-9993

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	White	married

6.(b) Name of ~~husband~~ or wife Bertha Summers

6.(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) April 29 1887

8. AGE: Years 53 | Months 7 | Days 10 | If less than one day ... hrs. ... min.

9. Birthplace Frederick Co., Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Lawson Summers

13. Birthplace Md.

MOTHER 14. Maiden name Julia Fredericks

15. Birthplace Md.

16. Informant Miss Adelsperger Emergency

Address Hospital, Frederick, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 11, 1940 (month) (day) (year)

Cemetery or crematory Church Brethern Harmony

Location Harmony Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. 11 Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1940 at 4 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 3 1940, to Dec 9 1940 and that I last saw h... alive on Dec 9 1940

Immediate cause of death	DURATION
Tuberculosis of Pulmonary	2 weeks
Tuberculosis	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE B. L. Thomas M. D. or other

Address Frederick, Md Date signed 12/9/40

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (128)

12721

CERTIFICATE OF DEATH

Reg. Dist. No. 141

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County: Frederick

City or town: Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred: Schnaffer Hospital

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~Knoxville~~ Maryland County: Frederick

City or town: Knoxville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Joseph A. Swope

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Deliah A. Virts

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Aug 16, 1865

8. AGE: Years 75 | Months 4 | Days 2 | If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: B & O R.R. Track foreman Retired

11. Industry or business

FATHER
12. Name: John Swope
13. Birthplace: Virginia

MOTHER
14. Maiden name: Mary Alexander
15. Birthplace: Virginia

16. Informant: Mrs Paul Huffer

Address: Knoxville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 20 1940 (month) (day) (year)

Cemetery or crematory: Reformed Cemetery

Location: Knoxville Md.

18. Funeral director: C H Leetz

Address: Brunswick Md

19. Dec 19 1940 Wm H S Hedges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 18 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13 1940, to Dec 18 1940 and that I last saw him alive on Dec 18 1940

Immediate cause of death: Ventricular fibrillation — DURATION: 5 days

Due to: Acute Pancreatitis

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Acute Pancreatitis

Date of op. Dec 13-40

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE: William Schnaffer M. D. or other

Address: Brunswick Md Date signed: Dec 18 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-1

12722

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:
County Frederick
City or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, Institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution? 4 months 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 9 W. All Saints St.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME John Thomas

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, ~~Married, Widowed, or Divorced~~
Male	Colored	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 2. 1872

8. AGE: Years	Months	Days	If less than one day
68 yrs	9	20.	..... hrs. ..... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name James Thomas
13. Birthplace Maryland
MOTHER 14. Maiden name Victoria Jackson
15. Birthplace Maryland
16. Informant Evangeline Rice R.N.
Address Emergency Hospital
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/23/40 (month) (day) (year)
Cemetery or crematory Mountain
Location Frederick Co. Md
18. Funeral director Harry E. Early Co
Address Frederick, Md.
19. 23 - Dec 1940 (Date rec'd by registrar) Dr. J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at 12 P.M. 30

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 1 1940, to Dec 22 1940 and that I last saw him alive on Dec 22 1940

Immediate cause of death	DURATION
Syphilitic Cortitis	6 months
Due to	
Syphilis	1 year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE R. O. Thomas M. D. or other
Address Frederick, Md Date signed 12/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

12723

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 63 years

Hospital, Institution, or street address where death occurred:

117 East Eighth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 117 East Eighth Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Jessie Wiona VanFossen

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6.(b) Name of husband ~~or wife~~ George E. VanFossen

6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) February 6, 1877

8. AGE: Years	Months	Days	If less than one day
63	10	24	..... hrs. ..... min.

9. Birthplace Frederick, Frederick Co., Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John H. Bender

13. Birthplace Frederick, Maryland

MOTHER 14. Maiden name Barbara Lease

15. Birthplace Frederick County, Maryland

16. Informant Eldred VanFossen

Address Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 1, 1941 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline and Son

Address Frederick, Maryland

19. Dec 31st 1940 (Date rec'd by registrar) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30th 1940 at 1.30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to Dec 30th 1940 and that I last saw her alive on Dec 29th 1940.

Immediate cause of death	DURATION
Carcinoma of Spine	9 mo
Due to	
Carcinoma of Breast	3 mo
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Breast amputation

Carcinoma. Date of op. 1938

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert L. Tyson M. D. or other

Address Frederick, Md. Date signed Dec 31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-1)

12724

CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County: Fredrick
City or town: Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Fredrick
City or town: Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Amanda S. Winegardner

3. (b) Social Security Number: none

4. Sex: Fm
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Jacob Winegardner
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 4, 1855

8. AGE: Years: 85 Months: 5 Days: 4 If less than one day: hrs. min.

9. Birthplace: Fredrick Co, Md.
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER
12. Name: Horatio Eiler
13. Birthplace: Fredrick Co, Md.

MOTHER
14. Maiden name: Amanda Fogle
15. Birthplace: Fredrick Co, Md.

16. Informant: mrs Goldie Kugler
Address: Emmitsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 11, 1940 (month) (day) (year)
Cemetery or crematory: Haughs Church
Location: Rt Detour Md.

18. Funeral director: S. L. Allison
Address: Emmitsburg, Md.

19. Dec 9 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 8 1940, at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (1935) 19 to Dec 8 1940, and that I last saw her alive on Dec 7 1940.

Immediate cause of death: Hypostatic Pneumonia — DURATION: 6 days

Due to: arteriosclerotic cardiovascular disease & Chronic myocarditis — DURATION: many years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. R. Eagle M D
M. D. or other
Address: Emmitsburg Md Date signed 12-9-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Md.)

12725

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 124 E. Third St.,

Stay in hospital or inst. (yrs., *or* mos., *or* days)

Stay in this community (yrs., *or* mos., *or* days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 124 E. Third St.

(If rural give LOCATION)

2(*a*) IF VETERAN, NAME WAR none

3. (*a*) FULL NAME Willie Valerius Wolfe

3. (*b*) Social Security Number none

4. Sex	5. Color or race	6.(*a*) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (*b*) Name of ~~husband~~ or wife Annie B. Keyser

6(*c*) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1864

8. AGE: Years	Months	Days	If less than one day
76	3	29	____ hrs. ____ min.

9. Birthplace Nr. Frederick, Fred., Md.

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Farmer & Bus. Operator

FATHER 12. Name Elihue R. Wolfe,

13. Birthplace Wolfeville, Md.

MOTHER 14. Maiden name Margaret Ann McDevitt,

15. Birthplace Yellow Springs, Md.

16. Informant Mr. R. B. Wolfe,

Address Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12 / 24 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery

Location Frederick, Maryland.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 23-Dec 1940 (Date rec'd by registrar) Mrs. J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22nd., 1940, at 2A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1938, to Dec. 22 1940, and that I last saw him alive on Dec. 21 1940.

	DURATION
Immediate cause of death: Myocardial Decompensation	?
Due to Chronic Myocarditis	?
Due to Arterio-Sclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D., M. D. or other

Address Frederick, Md. Date signed 12/23/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

12726

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

~~City or~~ town Barnesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Stanford Edward Wood

3. (b) Social Security Number 213-01-1876

4. Sex M

5. Color or race W

6. (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3-1910

8. AGE: Years 30 Months 3 Days 12 If less than one day hrs. min.

9. Birthplace Dickerson, Montg. Co. Md (Town, county, and state)

10. Usual occupation Clerk in grocery store

11. Industry or business

FATHER 12. Name Alfred W. Wood

13. Birthplace Maryland

MOTHER 14. Maiden name Jessie Phillips

15. Birthplace Maryland

16. Informant Mrs Jessie Wood

Address Sellman, Maryland

17. Burial (Burial, ~~cremation, or removal, which?~~) Date thereof 12/17/40 (month) (day) (year)

Cemetery or ~~crematory~~ Monocacy

Location Beallsville, Md

18. Funeral director William B. Hilton

Address Barnesville, Md

19 16-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1940, at 8:40A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Seen first time at death to Dec. 15 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Shock	7 hrs.
Compound comminuted fracture Tibia and fibula, right	7 hrs.
Due to	
Due to	
Other conditions Intra-abdominal injuries(?)	7 hrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

~~Accident~~, suicide, or homicide Accident Date of Dec. 15, '40

Where did injury occur? Route 240 (City or town) Frederick (County) Md. (State)

Injured at home, farm, industry, public place (where?) Highway #240

Means of injury Struck by auto Injured at work? No

23. SIGNATURE Bernard Thomas Jr. M.D. M. D. or other

Address 228 N. Market St. Frederick, Md Date signed Dec. 16, 194

Deputy Medical Examiner Fred'k. County

RECEIVED
JAN 6 1941
BUREAU V. S.

12727

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 842

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 111 College Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 111 College Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Charles Edward Zimmerman

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Alberta Flemming
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 27, 1854

8. AGE: Years	Months	Days	If less than one day
86	0	1	hrs. min.

9. Birthplace: Frederick Co., Md. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: Manager of Dairy
FATHER 12. Name: Edward D. Zimmerman
13. Birthplace: Frederick Co., Md.
MOTHER 14. Maiden name: Elizabeth Thomas
15. Birthplace: Frederick Co., Md.
16. Informant: Alfred G. Zimmerman
Address: 111 College Ave., Fred., Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/31/1940 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland.
19. 30-Dec 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28, 1940, at 3P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1940, to Dec 28 1940, and that I last saw him alive on Dec 28 1940.
Immediate cause of death: Cerebral Hemorrhage
Due to: Arterio Sclerosis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
DURATION: 10 days, 40 years
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hedges M.D. or other
Address: Frederick, Maryland Date signed 12/30/40

RECEIVED
JAN 6 1941
BUREAU V. S.